

Application Data Sheet

Application Information

Application Number::

Filing Date:: March 31, 2004

Application Type:: New

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks:: None

Number of copies of CDs:: None

Sequence submission?:: None

Title:: Telescoping Blade Assembly and Instruments for Adjusting an Adjustable
Blade

Attorney Docket Number:: DEP5291

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 28

Small Entity:: No

Licensed US Govt. Agency:: No

Contract or Grant Numbers:: No

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Connie

Middle Name::

Family Name:: Marchek

Name Suffix::
City of Residence:: Foxborough
State or Province of Residence:: MA
Country of Residence:: USA
Street of mailing address:: Hillcrest Road
City of mailing address:: Foxborough
State or Province of mailing address:: MA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 02035

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: W
Family Name:: Higginbotham
Name Suffix::
City of Residence:: Independence
State or Province of Residence:: MO
Country of Residence:: USA
Street of mailing address:: South Hocker
City of mailing address:: Independence
State or Province of mailing address:: MO
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 64055

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity

Given Name:: Douglas
Middle Name::
Family Name:: Raymond
Name Suffix::
City of Residence:: Quincy
State or Province of Residence:: MA
Country of Residence:: USA
Street of mailing address:: Taber St
City of mailing address:: Quincy
State or Province of mailing address:: MA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 02169

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Michael
Middle Name::
Family Name:: Mahoney
Name Suffix::
City of Residence:: Middletown
State or Province of Residence:: RI
Country of Residence:: USA
Street of mailing address:: Gae St
City of mailing address:: USA
State or Province of mailing address:: RI
Country of mailing address:: USA
Postal or Zip Code of mailing address: 02842

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: William
Middle Name:: J
Family Name:: Frasier
Name Suffix::
City of Residence:: New Bedford
State or Province of Residence:: MA
Country of Residence:: USA
Street of mailing address:: Tarkin Hill Rd
City of mailing address:: New Bedford
State or Province of mailing address:: MA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 02745

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Anthony
Middle Name:: R.
Family Name:: Carlone
Name Suffix::
City of Residence:: Bristol
State or Province of Residence:: RI
Country of Residence:: USA
Street of mailing address:: Naomi St
City of mailing address:: Bristol
State or Province of mailing address:: RI

Country of mailing address:: USA
Postal or Zip Code of mailing address:: 02809

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Paul
Middle Name::
Family Name:: Maguire
Name Suffix::
City of Residence:: Hope Valley
State or Province of Residence:: RI
Country of Residence:: USA
Street of mailing address:: Frances Barber Dr.
City of mailing address:: Hope Valley
State or Province of mailing address:: RI
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 02832

Correspondence Information

Correspondence Customer Number:: 27777

Representative Information

Representative Customer Number::	27777
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/530,565	12/18/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: DePuy Spine, Inc.

Street of mailing address:: Paramount Drive

City of mailing address:: Raynham

State or Province of mailing address:: MA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 02767

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